



Application for the CGFNS Certification Program

3600 Market Street, Suite 400
Philadelphia, Pennsylvania 19104-2651 USA

Please read the entire *Certification Program Handbook*
(instructions) before filling out this form.

Please provide all the information requested below. Use a typewriter or neatly print your responses using a pen.

1. Preliminary Information	<p>a. Have you ever applied to take the CGFNS Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. If you have a CGFNS Identification Number, enter it here. <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/></p>																																		
2. Name Print or type your full name as you would like it to appear on all correspondence and the CGFNS Certificate. Put only one letter in each	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">First (Given) & Middle Names (Leave a space between names) PLEASE PRINT NEATLY OR TYPE</td> <td colspan="4"><input style="width: 90%; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td style="text-align: center;">Last (Family/Surname) Name(s) (Leave a space between names) PLEASE PRINT NEATLY OR TYPE</td> <td colspan="4"><input style="width: 90%; height: 20px; border: 1px solid black;" type="text"/></td> </tr> </table>					First (Given) & Middle Names (Leave a space between names) PLEASE PRINT NEATLY OR TYPE	<input style="width: 90%; height: 20px; border: 1px solid black;" type="text"/>				Last (Family/Surname) Name(s) (Leave a space between names) PLEASE PRINT NEATLY OR TYPE	<input style="width: 90%; height: 20px; border: 1px solid black;" type="text"/>																							
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3. Other Names List alternate names appearing on your documents.	<p>Maiden Name (Name before marriage)/Other Names (Include legal documentation/proof verifying name change.)</p> <input style="width: 90%; height: 20px; border: 1px solid black;" type="text"/>																																		
4. Address Use the address where CGFNS should send all mail to you. Include the telephone and fax numbers and e-mail address where you wish to be contacted.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input style="width: 90%; height: 20px; border: 1px solid black;" type="text" value="1707 L Street NW #900"/></td> <td colspan="4">Street Address/Post Office Box Number</td> </tr> <tr> <td><input style="width: 90%; height: 20px; border: 1px solid black;" type="text" value="Washington"/></td> <td colspan="4">Street Address - Continued</td> </tr> <tr> <td><input style="width: 20%; height: 20px; border: 1px solid black;" type="text" value="DC"/></td> <td><input style="width: 20%; height: 20px; border: 1px solid black;" type="text" value="20036"/></td> <td colspan="3">City</td> </tr> <tr> <td><input style="width: 20%; height: 20px; border: 1px solid black;" type="text" value="USA"/></td> <td colspan="4">State/Province</td> </tr> <tr> <td><input style="width: 20%; height: 20px; border: 1px solid black;" type="text" value="2028878110"/></td> <td><input style="width: 20%; height: 20px; border: 1px solid black;" type="text" value="2026598983"/></td> <td colspan="3"><input style="width: 40%; height: 20px; border: 1px solid black;" type="text" value="info@hmi-usa.com"/></td> </tr> <tr> <td>Telephone Number</td> <td>FAX Number</td> <td colspan="3">E-Mail Address (example: name@usenet.com)</td> </tr> </table>					<input style="width: 90%; height: 20px; border: 1px solid black;" type="text" value="1707 L Street NW #900"/>	Street Address/Post Office Box Number				<input style="width: 90%; height: 20px; border: 1px solid black;" type="text" value="Washington"/>	Street Address - Continued				<input style="width: 20%; height: 20px; border: 1px solid black;" type="text" value="DC"/>	<input style="width: 20%; height: 20px; border: 1px solid black;" type="text" value="20036"/>	City			<input style="width: 20%; height: 20px; border: 1px solid black;" type="text" value="USA"/>	State/Province				<input style="width: 20%; height: 20px; border: 1px solid black;" type="text" value="2028878110"/>	<input style="width: 20%; height: 20px; border: 1px solid black;" type="text" value="2026598983"/>	<input style="width: 40%; height: 20px; border: 1px solid black;" type="text" value="info@hmi-usa.com"/>			Telephone Number	FAX Number	E-Mail Address (example: name@usenet.com)		
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5. Language	Native Language <input style="width: 80%; border: 1px solid black;" type="text"/>																																		
6. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed																																		
7. Birth Date Fill in the month, day and year of your birth.	Month <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Day <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Year <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	8. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male																															
9. Citizenship	Country of Birth <input style="width: 80%; border: 1px solid black;" type="text"/> Current Citizenship <input style="width: 80%; border: 1px solid black;" type="text"/>																																		
10. Pre-Nursing Education List information for each school attended, whether completed or not. Enclose photocopy of your diploma, certificate or external exam results from senior secondary school, including a certified, word-for-word English translation.	Names of Schools Attended	Country	Month/Year Entered	Month/Year Completed																															
	Primary:																																		
	Intermediate:																																		
	Secondary:																																		
11. Nursing Education List information for each nursing school attended, whether completed or not.	Name(s) of School(s) Attended	City, State/Province, Country	Nursing Title Obtained	Month/Year Entered	Month/Year Completed																														
12. Nursing Program Check the areas included in Nursing Education.		Care of the Adult/ Medical Nursing	Care of the Adult/ Surgical Nursing	Maternal/ Infant Nursing	Nursing Care of Children	Psychiatric/ Mental Health Nursing	Community/ Public Health Nursing																												
	Theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
	Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												

13. Nursing Experience	Years of full-time nursing experience since graduation from your general nursing program: _____ Number of years experience in the following healthcare settings: Hospital _____ Community Health Setting _____ Clinic _____ Specialty Area (name area) _____ Other (name area) _____
14. Nurse Registration/Licensure Please complete the enclosed forms, Request for Validation of Registration/License, for both your initial and current licenses, and send the forms and return envelopes to the registration authorities.	a. Your legal nursing title in the country where you received your general nursing education _____ b. Have any of your registrations ever been revoked, suspended or restricted for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please explain _____ _____ _____ _____
15. Exam Locations And Dates Please indicate first and second choice of exam locations and dates.	CGFNS reserves the right to assign a center and date if your initial choice is not available. See <i>CGFNS Exam Locations and Important Dates</i> (page 9 of this packet) for exam locations, important dates, and center numbers. 1st choice _____ City _____ Date (Day/Month/Year) _____ Exam Center Number _____ 2nd choice _____ City _____ Date (Day/Month/Year) _____ Exam Center Number _____
16. Special Needs Please attach documentation of your disability, signed by a medical professional.	List any special needs (e.g., wheelchair access, impairment, etc.) _____ _____ _____
17. Photographs and CGFNS Photo Identification Card	Enclose three (3) signed photographs with this application. Attach one in the space provided below. Attach the second to the CGFNS Photo Identification Card on page 4 of this packet. Enclose the third in the application envelope, with your completed Application, Photo Identification Card, TOEFL Form (if applicable) and full payment.
18. Application Fee	Enclose the full application fee in U.S. dollars, drawn on a U.S. bank. Send an international money order or certified bank check payable to "CGFNS" or pay with a credit card using the Credit Card Payment Form on page 3 of this packet. CGFNS accepts Visa, Mastercard and Discover/Novus. Personal checks or cash are not accepted.

19. Attestation:

Please Note: Each applicant must sign his/her full name in English on the applicant's signature line. Attach your photograph in the designated space below.

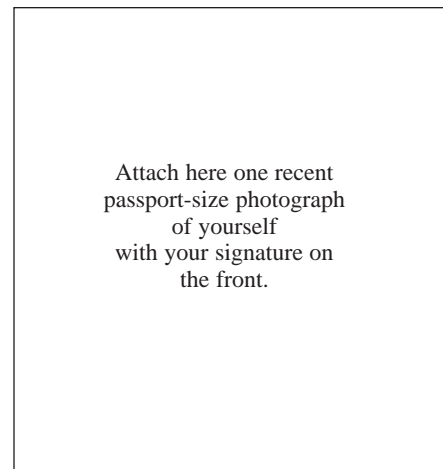
I certify that all information which CGFNS has received as part of this application or in the past, from me or from a third party on my behalf, is true and complete. I also certify that all documents which have been submitted to CGFNS for any purpose have not been falsified, altered or tampered with by any person.

I understand that CGFNS and others will rely on this application and on the documents and information submitted, and that if any of it is falsified, altered or tampered with, or if I alter a CGFNS Certificate or a CGFNS Report or misrepresent a copy as an original, CGFNS may take such disciplinary action against me as it deems appropriate, and the consequences could adversely affect my professional license, immigration status, employment and other matters, from which I release CGFNS from all liability.

I authorize CGFNS to disclose the information and documents in this application, the status of my CGFNS Certificate, any Reports or evaluations prepared by CGFNS, any other information obtained by CGFNS and the results and reasons for any adverse action taken against me by CGFNS, to any person or organization I designate in writing or to any other recipient which CGFNS may determine has a legitimate interest in receiving the same, such as government agencies or potential employers.

I understand that unauthorized use of test materials, giving or receiving aid during an examination, or violating instructions at the examination site may be grounds to expel me from the examination, or bar me from future examinations or from participation in any CGFNS programs, or to otherwise discipline me as appropriate. In addition, I authorize the board of nursing of the state in which I take the licensing examination in the future to release my NCLEX-RN results to CGFNS for statistical studies. I also agree to send CGFNS my NCLEX-RN results.

I understand that the CGFNS Certificate and all copies of it remain the property of CGFNS and must be returned to CGFNS if CGFNS determines that the holder of the certificate was not eligible to receive it or that it was otherwise issued in error.



You must sign this application in order for it to be processed.

Signature of Applicant (Do Not Print) _____
Sign Entire Name

Date: _____
Month / Day / Year

**Please mail this Application, the Photo Identification Card, the TOEFL Form (if applicable), your payment and all enclosures to:
 CGFNS, Attn: CPApplication, 3600 Market St., Ste. 400, Philadelphia, PA 19104-2651 USA**

Current CGFNS Fees: CGFNS Certification Program*

Please pay fees in U.S. dollars. Send an international money order, certified bank check, or pay with a credit card using the Credit Card Payment Form (attached). All bank checks and money orders must be in U.S. dollars, drawn on a U.S. bank and made payable to "CGFNS." All fees must be paid in full. Personal checks will not be accepted.

CGFNS Service	Fee	Additional Services	Fee
First Application & Examination.....	\$ 295.00	Change of Name, Address, Exam Date or Location	\$ 0.00
Additional Services		Verification of Certificate Status	\$ 0.00
Re-Application for the CGFNS Qualifying Exam.....	\$ 250.00	Missing Certificate.....	\$ 20.00
Re-Scoring of the CGFNS Qualifying Exam.....	\$ 35.00	Returned Check fee	\$ 35.00
Forwarding Nursing Education Information	\$ 30.00		

1/02 *Fees subject to change without notice.

Credit Card Payment Form

Please type or print. Complete all information requested on both portions of this form. Enclose this form with all other materials you are sending to CGFNS.

Credit Card Type (check one):

- Visa Mastercard Discover/Novus

Name of Cardholder (as it appears on card):

Cardholder Address: (For processing credit card payments only. All materials requested will be sent to the applicant address provided on the appropriate forms.)

Credit Card #: _____

Expiration Date: _____

Total Charges (from other side): **U.S. \$** _____

Cardholder Signature (authorization for payment):

I hereby authorize a charge to my credit card for the total for all services requested on the reverse side of this form, including any fee adjustments in effect as of the date the order is received.

X

FOR CREDIT CARD ORDERS ONLY:

Please check the boxes below to indicate the services or products you are requesting and paying for with this Credit Card Payment Form. Total all charges and enter the amount on the other portion of this form. Enclose this form with all other materials you are sending to CGFNS.

- 01 First Application & Examination \$ 295.00
- 02 Re-Application for the CGFNS Qualifying Exam \$ 250.00
- 03 Re-Scoring of the CGFNS Qualifying Exam \$ 35.00
- 04 Forwarding Nursing Education Information..... \$ 30.00
- 05 Verification of Certificate Status..... \$ 0.00
- 06 Missing Certificate \$ 20.00
- 07 Change of Name, Address, Exam Date, or Exam Location \$ 0.00

Please remit payment for those services you are requesting only.

Name of Applicant (as it appears on Application Form):

CGFNS Applicant Identification Number (if known):

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1/02 *Fees subject to change without notice.



Nursing Education Form: Certification Program

3600 Market Street, Suite 400
Philadelphia, Pennsylvania 19104-2651 USA

Please read the entire *Certification Program Handbook* (instructions)
before completing Section I of this form.

Section I. To The Applicant

Use a typewriter or print in ink. Then mail the form (or a photocopy of both portions of the form) to each school of nursing you attended. Request the school to complete Section II and return the form directly to CGFNS. **This form can only be accepted if CGFNS receives it from your school.**

1. Preliminary Information

a. Have you ever applied to take the CGFNS Qualifying Exam? Yes No

b. If you have a CGFNS Identification Number, enter it here.

2. Name

Print or type your full name here as you supplied it on the "Application for the CGFNS Certification Program."

First (Given) & Middle Names (Leave a space between names)

Last (Family/Surname) Name(s) (Leave a space between names)

3. Other Names

List alternate names appearing on your documents.

Maiden Name (name before marriage) and other names

4. Address

Use the address where CGFNS should send all mail to you. Include your telephone and fax numbers and e-mail address where you wish to be contacted.

1707 L Street NW #900

Street Address/Post Office Box Number

Street Address - Continued

Washington

City

DC 20036

State/Province

USA

Postal /Zip Code

Country

2028878110 2026598983 info@hmi-usa.com

Telephone Number

FAX Number

E-Mail Address (example: name@usenet.com)

5. Marital Status

Single Married Separated Divorced Widowed

6. Birth Date

Fill in the month, day and year of birth.

Month Day Year

7. Sex Female Male

8. Nursing Education

List information for each nursing school attended whether completed or not.

Name of School Attended	City, State/Province, Country	Nursing Title Obtained	Month/Year Entered	Month/Year Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Applicant, have your School of Nursing complete reverse side.

10. Applicant Signature

Sign Entire Name (Do Not Print)

Section II. To The School Of Nursing

This form is part of the above-named person's application for CGFNS Certification. Please fill in the information requested on the second portion and return directly to CGFNS via first-class airmail to the address on the second portion of this form.



3600 Market Street, Suite 400
Philadelphia, Pennsylvania 19104-2651 USA

Section II. To Be Filled Out Only By The School Of Nursing

Please fill in the information requested below using a typewriter, or print in ink. Return directly to CGFNS via first-class airmail.

School of Nursing – Please Note:
Please place school seal or stamp over the sealed flap of the school's envelope and return form via airmail to:
CGFNS, Attn: A-2
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651 USA

Name of Applicant _____

Birth Date: _____ / _____ / _____
Month Day Year

School of Nursing _____

Admission to Program: _____ / _____
Month Year

Mailing Address _____

Completion of Program: _____ / _____
Month Year

FAX Number _____ E-Mail Address _____

Did this applicant attend a first-level, **general** nursing program? Yes No (If "no," specify the type of program.) _____

This applicant received a (check one) Certificate/Diploma Degree What kind? _____

What was the language of instruction for this applicant? _____

What was the textbook language for his/her course of study? _____

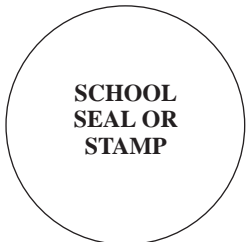
Is your school a government-approved school of nursing? Yes No

What were the total years of formal schooling the applicant received before attending your nursing school? _____

Please fully complete the chart below. This information is required for our evaluation. Please provide specific hours of theoretical instruction and number of days of clinical practice for the subject areas listed below. Please do not combine subject areas. If they are combined in your curriculum, please **estimate** the hours of theoretical instruction and days of clinical practice in each subject area. If available, please attach a copy of the actual transcript. **(Do not send a transcript in lieu of completing the information requested below.)** All documents must be in English.

Subjects	Hours of Theoretical Instruction*	Number of Days of Clinical Practice
Care of the Adult - Medical Nursing		
Care of the Adult - Surgical Nursing		
Maternal/Infant Nursing, <u>excluding</u> Gynecology		
Nursing Care of Children		
Psychiatric / Mental Health Nursing, <u>excluding</u> Neurology		
Community / Public Health Nursing		
Other (describe):		
Physical and Biological Sciences (anatomy, physiology, microbiology, chemistry and nutrition)		
Social Sciences (psychology, sociology, history and trends in nursing)		

**Include hours of classroom education, laboratory and planned clinical conferences (ward teaching). CGFNS must have the breakdown of the hours of instruction and days of clinical practice in each of the subject headings listed.*



I certify that the above is an accurate record of the applicant whose name appears on the other portion of this form.

(Signature) _____

(Title) _____

(Date) _____



Request For Validation Of Registration/License For Certification Program



Dear Registration Authority:

Please promptly **complete the bottom portion of this form** and send it to the Commission on Graduates of Foreign Nursing Schools (CGFNS) as validation of my nursing registration/license, *accompanied by an English translation.*

The registration/license was issued under the name of:

(Print or type the names you used when registered/licensed.)

My registration/license number is _____

I received my initial registration/license on: Month _____ Day _____ Year _____

My current registration/license is valid until: Month _____ Day _____ Year _____

My current name is: (if different than above)

My CGFNS ID# (if known) is: _____

Applicant Signature

APPLICANT COMPLETES TOP PORTION

FOR REGISTRATION AUTHORITY USE ONLY:

1. This is to certify that _____ was first issued registration/license number _____

(Applicant Name)

to practice as a _____ on: _____/_____/_____.

(Specify legal title)

Month Day Year

The expiration date of this registration/license is: _____/_____/_____. Birth date of individual: _____/_____/_____.

Month Day Year

Month Day Year

2. Licensed by:

- National/Provincial/State Examination
- Review of another license
- Other: _____

3. License Status

- Active/Current
- Inactive
- Expired
- Restricted*

* Please attach an explanation if the applicant's registration/license has ever been revoked, suspended, limited, or placed on probation.

4. Name and location of nursing education program completed: _____

5. Date of graduation : _____/_____/_____

Month Day Year

6. Was nursing education program accredited/approved? Yes No By whom? _____

7. Type of program: Diploma Baccalaureate Degree
 Associate Degree Other (specify) _____

8. Signature of registration authority _____ Date: _____/_____/_____

(Do not print)

Sign entire name

Month Day Year

Registration authority title: _____

State/Country/Province: _____

Please send this document and any attachments in English, via airmail to: ➡

Certification Program
CGFNS
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651, USA

Registration Authority Seal or Stamp Must Cover Signature

REGISTRATION AUTHORITY COMPLETES BOTTOM PORTION

CGFNS Exam Locations and Important Dates

In the left column, find the exam location of your choice. Check in the next three columns to find when that location is open for the Qualifying Exam. Application deadlines and exam dates are shown at the top of each column. Use the Exam Center Number located in the far, right-hand column to complete Item 15 on the **Application for the CGFNS Certification Program**.

PLEASE NOTE - ALL APPLICATION MATERIALS MUST BE RECEIVED BY THE APPLICATION DEADLINES LISTED BELOW. THESE DEADLINES CANNOT BE EXTENDED.

CGFNS Exam Locations	Application Deadline:	Application Deadline:	Application Deadline:	CGFNS Exam Center Number
	December 12, 2001 Exam Date: March 13, 2002	April 10, 2002 Exam Date: July 10, 2002	August 14, 2002 Exam Date: November 13, 2002	
Australia,				
Perth	yes	yes	yes	908
Sydney	yes	yes	yes	909
Barbados, Bridgetown				
Brazil, Rio de Janeiro	yes	yes	yes	841
Canada,				
Montreal	yes	yes	yes	910
Toronto	yes	yes	yes	915
Vancouver	yes	yes	yes	920
Egypt, Cairo				
France, Paris	yes	yes	yes	805
Germany, Frankfurt				
Ghana, Accra	yes	yes	yes	926
Hong Kong				
India, Bangalore	yes	yes	yes	850
Indonesia, Jakarta				
Ireland, Dublin	yes	yes	yes	812
Israel, Tel Aviv				
Jamaica, Kingston	yes	yes	yes	815
Japan, Tokyo				
Jordan, Amman	yes	yes	yes	919
Kenya, Nairobi				
Korea, Seoul	yes	yes	yes	817
Kuwait, Kuwait City				
New Zealand, Wellington				
Pakistan, Karachi				
Peru, Lima	yes	yes	yes	843
Philippines,				
Manila	yes	yes	yes	823
Cebu City	yes	yes	yes	907
Cagayan de Oro City	yes	yes	yes	911
South Africa, Johannesburg				
Sri Lanka, Colombo				
Sweden, Goteborg				
Switzerland, Geneva				
Taiwan, Taipei				
Thailand, Bangkok				
Trinidad, Port of Spain				
United Kingdom,				
London	yes	yes	yes	831
United States of America				
Agana, Guam	yes	yes	yes	560
Atlanta, Georgia	yes	yes	yes	570
Chicago, Illinois	yes	yes	yes	501
Detroit, Michigan	yes	yes	yes	580
Honolulu, Hawaii	yes	yes	yes	550
Houston, Texas	yes	yes	yes	510
Los Angeles, California	yes	yes	yes	520
Miami, Florida	yes	yes	yes	530
New York, New York	yes	yes	yes	540



TOEFL Form

Send this form to CGFNS once you have registered with the Educational Testing Service (ETS) to take the TOEFL exam, or if you have already taken the TOEFL exam. Send this from to: **CGFNS, Attn: CP/TOEFL Registration Information, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA.**

Dear CGFNS Examinee,

Thank you for participating in the CGFNS Certification Program. Please note that the results of the nursing examination will be mailed to all test takers six to eight weeks after the examination date. Once you pass the CGFNS exam and an acceptable score on the Test of English as a Foreign Language (TOEFL) is reported directly to CGFNS by the Educational Testing Service (ETS); CGFNS will issue your certificate within 30-45 days of receipt and validation of those scores.

After you register with ETS to take, or if you have already taken the TOEFL examination, please complete the information below and return this form to CGFNS as soon as possible. This will assist us in matching your English score with your CGFNS file. Please address your letters to: **ATTN: CP/TOEFL Registration Information**, and be sure to include your CGFNS Identification Number.

Sincerely,

CGFNS Test Services

NAME: _____

CGFNS ID #: _____

Date of Birth: _____

ETS Registration #: _____

TOEFL Exam Date: _____